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SERIAL NUMBER 10/043,787	FILING OR 371(c) DATE 01/10/2002 RULE	CLASS 435	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 466992000221
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/457,205 12/06/1999 ABN
 which is a CIP of 09/347,878 07/06/1999 PAT 6,376,210
 which claims benefit of 60/301,895 06/29/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/11/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

25225

TITLE

METHODS FOR ASSAYING HOMOCYSTEINE

FILING FEE RECEIVED 2162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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